

FILED FEB 11 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Buchanan.
(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days.
In this community All life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry
(c) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie Emily Howard.

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race Cau. 6. (a) Single, married, divorced Single.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 7 3
hr. min.

9. Birthplace King City Mo. Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business same.

12. Name John M. Howard.

13. Birthplace _____ Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Karr.

15. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Mae Cruge.

(b) Address Amity Mo. R.R.

17. (a) Removal (b) Date thereof 1.28.1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City Mo.

19. (a) Jan. 30, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28th
year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 1-26-46
1946 to 1-28-46 1946.

that I last saw h. a alive on 1-28-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Duration 1 week

Due to Carcinoma of Colon refacts

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Paul [Signature] (M. D. or other) _____

Address St. Joseph, Mo. Date signed 1-28-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed R. G. Taggart
Licensed Embalmer No. 2563
P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.